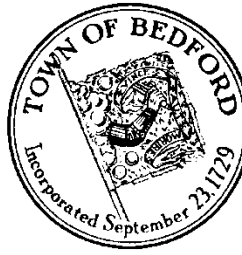


TOWN OF BEDFORD
BEDFORD, MASSACHUSETTS 01730



AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT (ACH) CREDIT

I hereby authorize the Town of Bedford to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) checking and/or savings account indicated below and the depository name below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account

Deposit #1

Depository Name _____ City _____

Transit/ABA No. _____ State _____

Account # _____ Amount to be deposited _____

Check One: Checking _____ Savings _____

(If partial, write in amount. If full check is to be deposited, write net)

Deposit #2

Depository Name _____ City _____

Transit/ABA No. _____ State _____

Account # _____ Amount to be deposited _____

Check One: Checking _____ Savings _____

(If partial, write in amount. If full check is to be deposited, write net)

This authority is to remain in full force and effect until the Town of Bedford has received written notification from me of its termination in such time and in such manner as to afford the Town of Bedford and depository a reasonable opportunity to act on.

Name _____ Date: _____

Signature _____

Please attach a voided check for the account(s) you want to make a deposit to.